

Flight #20020604

D.O.S.: 1/4/02

Patient Name: Brown, Ian

D.O.B.: 3/22/77

Call Received At: 14:35

Service: Rotor Wing

Narrative

This twenty-four year-old male was involved in a motorcycle collision during which he lost consciousness. He had no sensation below the nipple line at the scene and MedFlight was called for direct transport to a Level I trauma center.

At the time of Boston MedFlight arrival to the scene in Bedford, the patient had a Glasgow Coma Score of 15, blood pressure of 16, heart rate of 60, respirations of 20 and oxygen saturation of 98%. The patient was initiated on the Solumedrol infusion and received saline and fentanyl for fluid support and analgesia.



BOSTON
MedFlight

ROBINS STREET, HANGAR 1727 • HANSCOM AIR FORCE BASE

BEDFORD, MA 01730

Telephone: (781) 863-2213

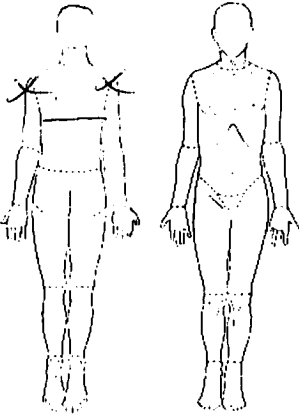
BOSTON
Med Flight

TRANSPORT # _____

DATE 1/4/02

☐ HOSP ☒ SCENE ☐ OTHER _____

LAST NAME <u>Brown</u>		FIRST <u>IAN</u>		DOB <u>3/22/77</u>		WT/KG <u>80</u>		SSN <u>142-78-1083</u>		PHONE <u>(781) 275-9424</u>	
ADDRESS <u>129 Independence Court</u>						CITY <u>Concord</u>		STATE <u>MA</u>		ZIP <u>01731</u>	
TRANS. FROM UNIT <u>Bedford</u>		REFER MD/SERVICE <u>Scene</u>		TRANS. TO HOSP/UNIT <u>BUMC W ED</u>		ADMIT/MD <u>Pozner</u>		INCIDENT/DATE AND TIME <u>1/4/02</u>		VALUABLES <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> NOT RECEIVED	
ASMT CODE		E CODE		ICD-9 CODES		REF. HOSP ID# <u>142781083</u>		EQUIP/VAL <u>16 HBX2 base straps X3</u>			
TIME	B/P	PULSE	RESP	GCS	SPO ₂ /ETCO ₂	NS Font		Solumedrol			
1449	160/90	60	20	15		400cc					
1459	168/89	58	20	1	98	100mg		2gms		EMS times	
1501	157/83	60	20	1	100					CR 1415	
										onscene 1422	
TEMP		MEDS		ALLERGIES		PMHX					
none				NKA		none					



S/P RR AIS on scene: 24 y/o ♂ 161cm tall motorcyclist
 (a high speed mvc into guardrail. @ loc on scene
 currently AAOX3 @/o bilat shoulder pain, back
 pain to @ sensation from nipples down.
 VSS, ↑ @ NRS fully immobilized IV NS X2 ↑
 @ Alert ♂ in Amb
 Neuro: E(4) V(5) M(6) basic pupils 4/2 brisk OU
 3+ moving upper extremities @ movement or sensation
 from xiphoid down @ diaphragmatic breathing
 CV: CM SB @ 55 S ectopy lead II 31/31 pulses q/p
 CRT L2SEC A16g IV 1/2 AR
 Resp: RR 20 SpO₂ 100% trachea midline chest
 excursion @ bilat
 GI/GU: abd flat pelvis stable @ void @ A.P.S.B.
 MSI: bilat shoulder pain S obvious deformity @ csm
 bilat wrist. Y: @ family present bilat for flight
 A/CHI, spinal cord injury R/o multiple trauma
 P motorcycle mvc.

R/ monitor ms vs ext spO₂ RR IVF to 60/hr
 Admin Font Per pain, Admin Solumedrol bolus
 Per spinal trauma. continue ↑ @ 15L
 maintain spinal immobilization. monitor Resp
 status & initiate @ pressure/jointulate pkn for
 away control. continue to reassess distal circ X4
 I/E: R/ pkn Font admin @ effect. Report to trauma
 ACT C/O PILOT NAME TEAM
 gswell MTH Delta
 EMTB 1/4/02
 1/4/02 1501

Boston MedFlight Medical Necessity Form

Date: 1/4/02 Patient Name: ICM Brown Transport # 2002-06041
 From: Bedford SCOR Unit: SCOR To: BIDMC W ED Unit: ED
 Requested by (name): BFD/AXS Vehicle # N272NE Initials: JP/LR

Complete For All Patients

General Criteria for Critical Care Transport:

- ☒ Required therapeutic regimen must be initiated within limited time frame
- ☒ Safe and legal transfer requires nurse and/or paramedic, at minimum.
- ☐ Land transport would be hazardous and delayed due to road and/or traffic conditions.
- ☒ Critical care/ALS environment required during transfer.
- ☐ Time of transfer between critical care units must be minimized.
- ☐ Complicated medical history requires transfer to patient's primary physician.
- ☐ Equipment and/or personnel to care for injury/illness not available.
- ☐ Patient requires specialized interventions/tests not available at referring facility.
- ☐ Disaster/Triage decision.
- ☐ No other mode of transportation available.
- ☐ Geographic Isolation / Island Locale
- ☐ Other: _____

Adult Medical Criteria

- ☐ Acute poisoning: ☐ Carbon monoxide
☐ Other: _____
- ☐ Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- ☐ Cardiac Failure
 - ☐ Acute MI
 - ☐ Anticoagulation/TPA
 - ☐ Balloon pump
 - ☐ Dysrhythmias not responsive to standard therapies
 - ☐ Open heart surgery/PTCA
 - ☐ Unstable angina
- ☐ Central Nervous Systems illness, requires intracranial pressure monitor
- ☐ Hematologic Condition: ☐ DIC
☐ Other: _____
- ☐ Infectious Disease: _____
- ☐ Metabolic or Fluid and Electrolyte Imbalance:
 - ☐ Diabetic Ketoacidosis
 - ☐ Refractory Acidosis
 - ☐ Renal Failure
- ☐ Multi-system failure:
 - ☐ Near Drowning
 - ☐ Septic Shock
- ☐ Respiratory failure, Pulmonary complications:
 - ☐ ARDS
 - ☐ COPD
 - ☐ Edema
 - ☐ Pulmonary emboli
 - ☐ Other: _____

Adult Surgical Criteria

- ☐ Neurosurgical: space-occupying lesion
 - ☐ Diffuse cerebral edema
 - ☐ Surgery urgently required
- ☐ Replantation/Microsurgery
- ☐ Thoracic /abdominal aneurysm requiring repair
- ☐ Transplantation
- ☐ Other: _____

Perinatal Criteria

Maternal: Obstetrical

- ☐ Condition resulting in probable birthweight less than 2000 gm or gestation less than 34 weeks
 - ☐ Intrauterine growth retardation
 - ☐ Multiple gestation
 - ☐ Premature dilation of cervix
 - ☐ Rh iso-immunization
 - ☐ Severe pre-eclampsia
 - ☐ Other hypertensive complication
 - ☐ 3rd trimester bleeding
 - ☐ Other: _____
- ☐ Premature labor (expecting birthweight less than 2000 gm or gestation less than 34 weeks.)
- ☐ Premature rupture of membranes (as above) (over for Maternal Medical, Surgical, Neonatal Pediatric, Trauma and Signature)

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Date: 1/4/02 Patient Name: Ian Brown Transport #:

Perinatal (continued)

Maternal: Medical

- ☐ Diabetes mellitus, poorly controlled.
- ☐ Drug Overdose
- ☐ Infection that may cause premature birth:
 - ☐ Hepatitis ☐ Pneumonia
 - ☐ Influenza ☐ Pyelonephritis
 - ☐ Other: _____

Maternal: Surgical

- ☐ Acute abdominal injury, gestation less than 34 weeks, fetus less than 2000 grams
- ☐ Thoracic emergency. Intensive care or surgery required.
- ☐ Trauma
 - ☐ May cause premature onset of labor
 - ☐ Personnel/equipment not available locally

Neonatal Clinical Criteria

- ☐ Congenital malformation(s) requiring surgery or observation
- ☐ Gestation less than 34 weeks or weight less than 2000 grams
- ☐ Hemolytic disease
- ☐ Hypoglycemia
- ☐ Mother is: ☐ Diabetic ☐ Taking dangerous drugs
- ☐ Neonatal blood loss
- ☐ Neonatal cardiac disorder with persisting cyanosis
- ☐ Progressive respiratory distress syndrome
- ☐ Respiratory distress or metabolic acidosis persisting 2 hours after birth
- ☐ Seizures
- ☐ Sepsis, infection or meningitis
- ☐ Shock or asphyxia persisting beyond 2 hours
- ☐ Ventilatory support required more than 1 hour
- ☐ Other condition requiring more than routine care: _____

Pediatric Clinical Criteria

- ☐ Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- ☐ Cardiovascular System: ☐ CHF
 - ☐ Shock ☐ Other: _____
- ☐ Central Nervous System
- ☐ Increased Intracranial Pressure
- ☐ Meningitis ☐ Status Epilepticus
- ☐ Reyes Syndrome ☐ Unconsciousness
- ☐ Hematologic Condition: ☐ DIC
- ☐ Other: _____

- ☐ Metabolic of Fluid and Electrolyte Disturbances:
 - ☐ Dehydration ☐ Diabetes Insipidus
 - ☐ Glucose, Ca++, K+, Na++, Mg+++dearrangement
- ☐ Multi-System Complication:
 - ☐ Acute poisoning ☐ Diabetic Ketoacidosis
 - ☐ Asphyxia ☐ Near drowning
- ☐ Pediatric team and/or specialized equipment required
- ☐ Respiratory failure or other respiratory condition:
 - ☐ Alveolar/Interstitial Disease
 - ☐ Lower Airway Obstruction
 - ☐ Upper Airway Obstruction
- ☐ Trauma, less than 14 years old (see trauma check list)
- ☐ Condition complicated by congenital anomalies and/or chronic illness.
- ☐ Other: _____

Trauma Clinical Criteria

- ☐ Age less than 14 or greater than 55 years.
- ☐ Amputation or near amputation; requires rapid transport for replantation.
- ☐ Blunt thoracic or abdominal injury with respiratory compromise or hemodynamic instability.
- ☐ Burns:
 - ☐ More than 25% of body surface area
 - ☐ Major burns of face, hands, feet or perineum.
- ☒ Fall from height greater than 20 feet.
- ☒ M.V.C.:
 - ☐ Associated fatalities
 - ☐ Patient ejected from vehicle
 - ☐ Extrication time greater than 15 minutes
 - ☐ Speed greater than 55 m.p.h.
 - ☐ Structural intrusion into victim's space
- ☐ Multiple orthopedic injuries
- ☐ Orofacial trauma requiring placement of airway
- ☒ Paralysis of extremities
- ☐ Pedestrian, struck by vehicle and thrown more than 15 feet
- ☐ Penetration injury, any part of body between mid-thigh and head
- ☐ Scalping or "degloving" injury
- ☐ Spinal immobilization and rapid, smooth transport necessary due to worsening motor sensory status.
- ☐ Time by land to Trauma Center greater than 15 minutes
- ☐ Champion Trauma Score of 12 or less
- ☐ Glasgow Trauma Score of 10 or less
- ☐ Other Serious Risk factor (s): _____
- ☐ Other: _____

Comments: 24 y/o M? s/p motorcycle MVC. P+T CHI, spinal cord injury, s/p multiple trauma, to level 1 trauma center.

In my professional opinion, critical care AIR/GROUND transport is required for this patient for the reasons indicated. I consent to transport, under the care of the critical care transport team, utilizing current Boston MedFlight transport guidelines, policies, clinical procedures, and standards of care. Based upon the information available at this time, the medical benefits reasonably expected from patient transfer outweigh the possible risks of patient transfer.

Date

Physician Signature

Print Full Name